



# Reinsurance Claims Processing Manual

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## Chapter Eight Time Limits

### CONTRACT YEARS 22 and forward

Reinsurance encounters must be submitted and attain a clean status no later than fifteen (15) months from end date of service, unless the encounter is a retro-eligibility encounter. A retro-eligibility encounter for recipient with an ending date of service on or after 10/01/03 must be initially received by AHCCCS no later than 15 months from the date of eligibility posting. All retro-eligibility encounters must attain a clean claim status no later than 15 months from the date of eligibility posting. For hospital/long term care encounters, "date of service" equals the date of discharge.

When a void encounter is submitted for a previously paid associated Reinsurance encounter, the reinsurance paid will be recouped. When a void-replace encounter is submitted for a previously paid associated Reinsurance encounter greater than 15 months from end date of service, the difference in payable reinsurance will be recouped if the plan paid is less than the original plan paid amount. If the plan paid amount of the void-replace encounter is greater than the original plan paid amount, reinsurance reimbursement will be calculated up to the original plan paid amount, no additional reinsurance dollars will be paid.

The Contractor is allowed sixty (60) days after an ultimate decision from a claim dispute or appeal proceeding to file to submit an encounter and reach adjudicated status for reinsurance consideration for dates of service prior to 10/01/05.

The Contractor is allowed ninety (90) days after an ultimate decision from a claim dispute or appeal proceeding to submit an encounter and reach adjudicated status for reinsurance consideration for dates of service on or after 10/01/05.

The Reinsurance remittance advice serves as proof of the adverse action date.

"Clean" is defined as a claim/encounter that may be processed without obtaining additional information from the provider/contractor of service or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity and has passed all of the Encounter and Reinsurance edits.

